



**MISSISSIPPI REAL ESTATE COMMISSION**

2506 Lakeland Drive

Suite 300

Flowood, MS 39232

Or Mail To:

PO Box 12685

Jackson, MS 39236-2685

Phone (601)932-6770 Fax (601)932-2990

[www.mrec.ms.gov](http://www.mrec.ms.gov)

**BUSINESS CHANGE OF ADDRESS FORM**

**(Application will not be accepted unless typed or printed)**

THE RESPONSIBLE (PRINCIPAL) BROKER IS TO COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE MREC WITHIN TEN (10) DAYS OF RELOCATING THE OFFICE.

**THE ORIGINAL OF ALL WALL LICENSES (COMPANY, BROKER, AND SALESPERSONS) MUST BE RETURNED TO MREC ALONG WITH THIS FORM AND MUST BE ACCOMPANIED WITH A FEE OF \$25.00 PER LICENSE.**

**Responsible Broker:** \_\_\_\_\_  
(Name) (License #)

**Company Name:** \_\_\_\_\_  
(Name) (License #)

**New Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Post Office Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(County)

**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Responsible Broker Signature:** \_\_\_\_\_  
(Signature) (Date)